



C. A. T. S.  
Tax Service, Inc.

7752 Warner Ave. Huntington Beach, CA 92647  
(714) 596-2287 FAX (714) 848-9605  
www.catstaxservice.com

# PAYROLL SET UP CHECKLIST

Tax Year 2019

## Company Information:

	Employer	C.A.T.S. Tax Service
Provide company bank account information (Voided check); required for setting up E-payments to IRS and EDD and Employee Direct Deposits	X	
Set up E-Payment for IRS (EFTPS; EDD)		X
Set up Worker's Compensation Insurance	X	
Direct Deposit Set-Up for employees pay		X
Acquire Employee Handbook (not required by law but highly recommended to ensure there aren't any discrepancies or questions about company policies)	X	
Federal and State Law Employee Law Poster (May purchase from Chamber of Commerce-linked)	X	
Compensation you give to your employees; hourly wages, salaried wages, bonuses, commissions, etc.	X	
Benefits you offer your employees; SICK PAY (mandatory), optional: health insurance, dental insurance, 401K retirement plan, vacation pay, etc.	X	

## Employee Information:

Employee's completed W-4 Form (W-4 Form linked)	X	
Pay rate (hourly, salary, commission)	X	
Pay Periods; options: Weekly, Bi-Weekly	X	
Paycheck deductions (401 (k), insurance, garnishments, etc.)	X	
Sick Hours option; Accrual (earned per hour worked min. 24 hours per year per California law or Front Load 24 Hours per year min. by California Law)	X	

Sick/Vacation hours balance tracking		X
Employee's Direct Deposit information (Direct Deposit Form linked)	X	X
Hire Date	X	
Termination Date	X	

**Tax Information:**

Set up of EDD account number		X
IRS Employer Tax ID# (SS-4 if not filed yet)		X
Payroll Tax Liability Payments made electronically		X
Quarterly Payroll Reporting (941, DE9, DE9C)		X
Annually Payroll Reporting (940)		X
Annually W2/W3 filings (additional fee)		X

**Application for Employer Identification Number**  
 (For use by employers, corporations, partnerships, trusts, estates, churches,  
 government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested				
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name			
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)			
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)			
	<b>6</b> County and state where principal business is located				
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN			
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members . . . . . ▶			
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9a Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> Other (specify) ▶ _____ <b>Group Exemption Number (GEN) if any</b> ▶ _____					
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____			
<b>10 Reason for applying</b> (check only one box)					
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year				
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Agricultural</td> <td style="width:33%; text-align: center;">Household</td> <td style="width:33%; text-align: center;">Other</td> </tr> </table>	Agricultural	Household	Other		
Agricultural	Household	Other			
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶					
<b>16</b> Check one box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) ▶					
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶					

<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶		Applicant's fax number (include area code)
Signature ▶		Date ▶



000101151

**COMMERCIAL EMPLOYER ACCOUNT REGISTRATION AND UPDATE FORM**

Did you know you can register online anytime? The Employment Development Department (EDD) e-Services for Business online application is secure, saves paper, postage, and time. You can access the online application at [www.edd.ca.gov/e-Services\\_for\\_Business](http://www.edd.ca.gov/e-Services_for_Business) and follow the easy step-by-step process to complete your registration.

Review the *Instructions for Completing the Commercial Employer Account Registration and Update Form (DE1-I)* prior to completing this form. Do not submit this form until you have paid wages in excess of \$100 to one or more employees in any calendar quarter. Additional information about registering with the EDD is available online at

[www.edd.ca.gov/Payroll\\_Taxes/Am\\_I\\_Required\\_to\\_Register\\_as\\_an\\_Employer.htm](http://www.edd.ca.gov/Payroll_Taxes/Am_I_Required_to_Register_as_an_Employer.htm).

**Important: This form may not be processed if the required information is missing.**

A. I WANT TO (Select only one box then complete the items specified for that selection.)	<input type="checkbox"/> Register for a New Employer Account Number (Go to Item B.)   <input type="checkbox"/> Request Account for CalJOBS <sup>SM</sup> (Go to Item B.)		
	Existing Employer Account Number: <input type="text"/> - <input type="text"/> - <input type="text"/> (Enter Employer Account Number when reporting an Update, Purchase, Sale, Reopen, Close, or Change in Status.)		
	Update Employer Account Information <input type="checkbox"/> Address (O, P)   <input type="checkbox"/> DBA (J)   <input type="checkbox"/> Personal Name Change (G)   <input type="checkbox"/> Add/Change/Delete Officer/Partner/Member (H) (Provide the Employer Account Number at the top of Item A, then complete the Items identified above and Item T.) Effective Date of Update(s): _____		
	<input type="checkbox"/> Report a Purchase of Business (Provide the Seller's Employer Account Number at the top of Item A.)	Date of Purchase _____ Purchase Price \$ _____	<input type="checkbox"/> Entire Business Purchase  <input type="checkbox"/> Partial Business Purchase
	<input type="checkbox"/> Report a Sale of Business (Provide the business' Employer Account Number at the top of Item A. Complete Item P.)	Date of Sale _____	<input type="checkbox"/> Entire Business Sold  <input type="checkbox"/> Partial Business Sold
	<input type="checkbox"/> Reopen a Previously Closed Account (Provide the previous Employer Account Number at the top of Item A then go to Item B.)		
	<input type="checkbox"/> Close Employer Account (Provide the Employer Account Number at the top of Item A.)	Reason for Closing Account <input type="checkbox"/> No longer have employees <input type="checkbox"/> Out of Business	Date of Last Payroll _____
<input type="checkbox"/> Report a Change in Status: Business Ownership, Entity Type, or Name Reason for Change: _____ Change: From _____ To _____ (Provide the Employer Account Number at the top of Item A, and complete the rest of the form.) Effective Date of Change: _____			
B. EMPLOYER TYPE (Select type then proceed to Item C.)	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PACIFIC MARITIME	<input type="checkbox"/> FISHING BOAT
C. TAXPAYER TYPE (Select only one type then complete the items specified for that selection.)	<input type="checkbox"/> Individual Owner (D, E1, F, G, J, K, L, O-T)	<input type="checkbox"/> Limited Partnership (D, F, H-T)	<input type="checkbox"/> Joint Venture (D, F, H, I, K, L, O-T)
	<input type="checkbox"/> Co-Ownership (D, E2, F, G, J, K, L, O-T)	<input type="checkbox"/> Association (D, F, H-T)	<input type="checkbox"/> Receivership (D, F, H, K, L, O-T)
	<input type="checkbox"/> General Partnership (D, E3, F, H, J, K, L, O-T)	<input type="checkbox"/> Limited Liability Company (LLC) (D, F, H-T)	<input type="checkbox"/> Estate Administration (D, F, H, I, K, L, O-T)
	<input type="checkbox"/> Corporation (D, F, H-T)	<input type="checkbox"/> Limited Liability Partnership (LLP) (D, F, H-T)	<input type="checkbox"/> Trusteeship (D, F, H, I, K, L, O-T)
	<input type="checkbox"/> Other (Specify) (Complete remaining items as applicable.)		
D. FIRST PAYROLL DATE (MM/DD/YYYY)	First payroll date wages paid exceeded \$100: _____ (Wages are all compensation for an employee's services.) Refer to <i>Information Sheet: Wages (DE 231A)</i> and <i>Information Sheet: Types of Payments (DE 231TP)</i> at <a href="http://www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm">www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm</a> .		
E. EMPLOYEE INFORMATION	"Employment" does not include service performed by a child under the age of 18 years in the employ of his/her father or mother, or service performed by an individual in the employ of his/her son, daughter, or spouse, including the employee's registered domestic partner. (Section 631 of the California Unemployment Insurance Code) Refer to <i>Information Sheet: Family Employment (DE 231FAM)</i> at <a href="http://www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm">www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm</a> .		
E1. INDIVIDUAL OWNER (Only)	Do you <u>only</u> employ your spouse, parent(s), or minor child(ren) (under 18)? If yes, you are not subject to Unemployment Insurance (UI) and State Disability Insurance (SDI) but may be subject to Personal Income Tax (PIT).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E2. CO-OWNERSHIP (Only)	Do you <u>only</u> employ your minor child(ren) (under 18)? If yes, you are not subject to UI and SDI but may be subject to PIT.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E3. PARTNERSHIP (Consisting of siblings only.)	Do you <u>only</u> employ your parent(s)? If yes, you are not subject to UI and SDI but may be subject to PIT.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

CFS  
**COMMERCIAL EMPLOYER ACCOUNT  
 REGISTRATION AND UPDATE FORM**



000101152

F. LOCATION OF EMPLOYEE SERVICES	Do you have employees working in California?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you have employees residing in California that are working outside of California?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. INDIVIDUAL OWNER/ CO-OWNER INFORMATION (If applicable)	NAME	TITLE	SSN	CA Driver License Number	Add	Chg.	Del.	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. CORPORATE OFFICER(S), PARTNERS, OR LLC MEMBER(S), MANAGER(S), AND/OR OFFICER INFORMATION	NAME	TITLE	SSN	CA Driver License Number	Add	Chg.	Del.	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. LEGAL NAME OF ORGANIZATION (Corporation/LLC/LLP/LP: Enter exactly as it appears on your official registration documents.)								
J. DOING BUSINESS AS (DBA) (If applicable)								
K. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) APPLIED FOR				L. DATE OWNERSHIP BEGAN (MM/DD/YYYY)				
M. STATE OR PROVINCE OF INCORPORATION/ORGANIZATION				N. CALIFORNIA SECRETARY OF STATE ENTITY NUMBER				
O. PHYSICAL BUSINESS LOCATION (PO Box or Private Mail Box will not be accepted.)	Street Number	Street Name		Unit Number (If applicable)				
	City	State/Province	ZIP Code	Country				
P. MAILING ADDRESS (PO Box or Private Mail Box is acceptable.) <input checked="" type="checkbox"/> Same as above	Business Phone Number							
	Street Number	Street Name		Unit Number (If applicable)				
	City	State/Province	ZIP Code	Country				
	Phone Number							
Q. E-MAIL <input type="checkbox"/> Check to allow e-mail contact.	Valid E-mail Address							
R. INDUSTRY ACTIVITY	Describe in detail your specific product/services:							
	Select your business industry <input type="checkbox"/> Services <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Temporary Services <input type="checkbox"/> Leasing Employer <input type="checkbox"/> Professional Employer Organization <input type="checkbox"/> Other (Specify)							
S. CONTACT PERSON (Complete a Power of Attorney [POA] Declaration [DE 48], if applicable.)	Name		Contact Phone Number	E-mail Address				
	Relation	Address Same						
T. DECLARATION	I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.							
	Signature				Date			
	Name		Title	Phone Number				

MAIL TO: EDD, Account Services Group, MIC 28, PO Box 826880, Sacramento, CA 94280-0001

## Reporting Agent Authorization

▶ Information about Form 8655 and its instructions is at [www.irs.gov/Form8655](http://www.irs.gov/Form8655).

### Taxpayer

<b>1a</b> Name of taxpayer (as distinguished from trade name)		<b>2</b> Employer identification number (EIN)
<b>1b</b> Trade name, if any		<b>4</b> If you are a seasonal employer, check here <input type="checkbox"/>
<b>3</b> Address (number, street, and room or suite no.)		<b>5</b> Other identification number (optional)
City or town, state, and ZIP code		
<b>6</b> Contact person	<b>7</b> Daytime telephone number	<b>8</b> Fax number

### Reporting Agent

<b>9</b> Name (enter company name or name of business)		<b>10</b> Employer identification number (EIN)
<b>11</b> Address (number, street, and room or suite no.)		
City or town, state, and ZIP code		
<b>12</b> Contact person	<b>13</b> Daytime telephone number	<b>14</b> Fax number

### Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

**15** Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

### Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)

**16** Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

### Duplicate Notices to Reporting Agents

**17** Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent.

### Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

**18a** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.

**b** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.

**c** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning \_\_\_\_\_.

### State or Local Authorization (Caution: See Authorization Agreement)

**19** Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16.

### Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is terminated or revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

**Sign Here**

Signature of taxpayer	Title	Date
-----------------------	-------	------



# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and					
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here . . . . . ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

Type Or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019 \_\_\_\_\_  
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

***Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

